

Marshall Township Volunteer Fire Department

Associate Application

Application Date: ____/____/____

First and Last Name _____

Current Fire Department _____

Current Role in Department _____

Fire and Rescue Qualifications

IFSAAC or NPQS Firefighter I or I/II Date: ____/____/____ Cert Number: _____

Or Essentials Mod 4 (Interior Firefighter) Date Completed: _____

Basic Vehicle Rescue (BVRT) or NRVO Date Completed: _____

Most recent Haz Mat Ops Refresher Date Completed: _____

Current Medical Certifications: EMT-P EMT-B EMR FA/CPR

Driver or Other Qualifications / Certifications: _____

Please include copies of all certificates listed above and criminal background and child abuse clearances.

Home Department Chief Officer Certification

Attested by my signature below:

- The information provided by the applicant above is true.
- The applicant is a member in good standing of the department listed above.
- The applicant has met the training requirements of our department.
- I understand that the applicant will run calls and may train with MTVFD periodically.

The applicant (may / may not) use their home department gear at MTVFD.

Home Department Chief Officer (Print and sign) _____
Date

Accepted:

MTVFD Chief Officer (Print and sign) _____
Date